



IDEA

INFANT & TODDLER

COORDINATORS ASSOCIATION

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MESSAGE FROM THE PRESIDENT

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The IDEA Infant and Toddler Coordinators Association is organized as a not-for-profit corporation to promote mutual assistance, cooperation and exchange of information and ideas in the administration of Part C and to provide support to state and territory Part C coordinators.

As summer draws to a close, I'm reflecting back on the past few months and can't believe how fast time flies by! I hope that each of you had a great summer and took some time for rest and relaxation, away from all of the responsibilities of being a state Part C coordinator. What a challenging job we all have! I know that I couldn't do it without the resources, support and expertise that we all share with one another across states.

In July, ITCA Board members and staff convened in Washington DC for a busy weekend of planning for the future work of the Association. While in Washington, Board members participated in meetings with Lin Lu of the Office of Management and Budget, Ruth Ryder and the Monitoring and State Improvement Planning (MSIP) staff, and Alexa Posny, the new Director of the Office of Special Education Programs (OSEP).

During each of the meetings, the Board shared some of the challenges facing state Part C sys-

tems, including the challenges related to increasing enrollment and decreasing federal and state resources. In addition, during the meeting, Lin Lu expressed interest in how states are responding to the new requirements for collecting child and family outcome information and was very eager to continue to build relationships with ITCA on behalf of Part C state systems.

In the meeting with Ruth Ryder and the MSIP staff, information was shared about OSEP's plans for financial/fiscal monitoring. Board members raised questions and concerns as voiced by member states about the implications of this new process as well as the potential ramifications of financial audit findings on already overburdened state systems. During the remainder of 2006, OSEP will be piloting the financial verification process in two states and then plans to introduce the process and tools to all states before the end of the year. On your behalf, ITCA provided some comments and input into the financial verification process in August and

individual states will have opportunities for input later in 2006. OSEP staff provided clarification for questions raised by Board members related to the SPP and APR processes, indicator measures and the forms. Board members continued to express the need for written clarification about some of the indicators, especially Indicator #1 Timely Services that continues to be truly challenging for state systems.

In the third meeting of the afternoon, Board members had an opportunity to share some of the successes as well as the challenges for Part C across the country. In turn, Dr. Posny shared her priorities with Board members, including focusing on parent partnerships and early learning/early childhood education. She expressed her commitment to working with ITCA and Part C in the months ahead, including coordinating potential opportunities for public input into the draft Part C regulations once they are released.

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President's Message, continued

Part C regulations once they are released.

For the remainder of the weekend, Board members and staff continued to work on the five-year strategic plan for the Association. Many of you have contributed to this plan starting at the annual meeting last December and again by email in recent months. Based upon your input, the goals of the Association were revised to reflect the current priorities and focus for ITCA and states. Now we are focused on reviewing and editing the strategies and activities to achieve each goal. Each of the 5 goals has an assigned board member who is serving as the topic leader for this work. **WE NEED YOUR HELP!!** You are invited to participate in discussions about any of the topic areas that are of interest to you. Some topic areas may be addressed in one conference call while others may be accomplished through committee work and ongoing communication. Please contact the topic leader(s) directly if you are interested in one or more of these areas. We need your input and participation to truly make this strategic plan representative of the goals and priorities of ITCA member states and the Part C community. We will finalize the complete strategic plan and provide it to you during the annual ITCA meeting later this year.

In addition to strategic planning for ITCA, there has been a whirlwind of activity this summer. The NECTAC/ITCA Part C

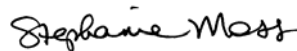
Finance Leadership Symposium was held in Chapel Hill in August and was well received by six state teams in attendance. A more detailed description of that work is provided later in this issue of the newsletter. ITCA Board members are hard at work representing Part C on Advisory Boards for NCSEAM, ECO, NECTAC and others, as well as the Data, Child Find/Identification, and Settings Communities of Practice. And, now that the Part B regulations have been finalized and released, we are all anxiously awaiting the draft Part C regulations in the coming months. When they are released for comment, ITCA will be preparing a formal response so don't forget to send in your

comments to the Association at that time.

Finally, as there will not be an Early Childhood Conference in 2006 or in early 2007, and because the ITCA by-laws state that we shall have an annual meeting, we are currently working to plan a meeting to be convened via conference call before the end of 2006. Watch your email for more information!!

I hope to see all of you at the National Accountability Conference in Denver later this month!!

Sincerely,



Stephanie Moss
President

Legislative Committee Update

Following mandated budget decisions and further reductions based upon the Part C funding formula, the Legislative Committee has been focused on the creation of a funding document that will ultimately make recommendations regarding the allocation formula and potential for changing same in the next reauthorization of the IDEA Part C (projected in 2009). Presently, the document is in its fifth draft and will soon be presented to broader ITCA membership for review and comment. It is the hope of the Legislative Committee that this document will be used in efforts to positively impact federal budgetary and appropriation decisions and to engage state level stakeholders to become more actively engaged in federal Part C issues.

The Legislative Committee is very active and through monthly calls, member states have the opportunity to dialogue with Sharon Walsh, ITCA's Legislative Liaison. Please contact Ron Benham, Part C Coordinator in Massachusetts, if you are interested in participating. Ron can be reached at 617-624-5962 or e-mail at ron.benham@state.ma.us.

The Legislative Committee is continuously looking for new members and holds 8-10 phone lines open for each monthly call. Information for those who wish to serve on the ad hoc allocation committee will be coming to you by email shortly.

2007-2012 Goals

Advocate for increased federal Part C funding as well as increased funding and alignment of various federal resources to maximize benefits to children and families.

Contact: Ron Benham and Legislative Committee
Ron.Benham@state.ma.us
617-624-5901

Increase Part C visibility through strategic collaborations and effective partnerships among national organizations and professionals to impact policies affecting young children and families.

Contact: Debbie Cheatham
dcheatha@odh.ohio.gov
614-644-9164

Promote the early identification of infants and toddlers in need of early intervention and the provision of quality services that support positive child and family outcomes.

Contact: Stephanie Moss
skmoss@dhr.state.ga.us
404-657-2721

Advocate for and facilitate the collection, use and dissemination of consistent credible national data.

Contact: Terry Harrison
Terry.Harrison@doh.state.nj.us
609-777-7734

Promote increased leadership capacity at the state and national level.

Contact: Julie Curry
Julie.curry@iowa.gov
515-281-5437

National Initiative on Effective Education and Health Care Intervention Services for Infants and Young Children with Hearing Loss

By: Michael Marge, Ed.D.
Research Professor, SUNY
Upstate Medical University

The problem of insufficient educational and healthcare services for infants and young children identified with hearing loss and their families has reached crisis proportion in America. We are currently providing hearing screening tests for almost all babies born in America and have found that at least 12,000 new cases are discovered every year. In addition, it has been estimated that in the same year another 4,000-6,000 infants and young children between birth and three years of age who passed the screening test acquire late onset hearing loss. The total population of babies and toddlers with hearing loss is about 16,000 – 18,000 per year. A number of Federal agencies played key roles in our Nation's successful effort to screen young children with hearing loss. They include the Office of Special Education and Rehabilitation Services/US Department of Education, Division of Services for Children with Special Health Needs/Health Resources and Services Administration, the Early Hearing Detection and Identification Program/National Center for Birth Defects and Developmental Disabilities/Centers for Disease Control and Prevention, National Center for Child Health and Human Development, and National Institute for Deafness and Other Communication Disorders.

But what occurs after a child is found to be deaf or hard of hearing is where the tragedy begins. After evaluation, most parents and their children face a crazy quilt of uncoordinated, ineffective, and often misleading services and programs throughout the Nation. With critical periods for the development of speech, language, literacy, social and cognitive skills occurring in very early life, it is essential that our Nation provide comprehensive, coordinated, effective and quality services to this vulnerable population.

New Priority on Hearing Loss in Young Children

In response to the need to provide required treatment, Dr. Margaret J. Giannini, Director of the Office on Disability at the U.S. Department of Health and Human Services in Washington, DC, announced in October 2004 a new priority for the Office on Disability called the National Initiative on Effective Education and Health Care Intervention Services for Infants and Young Children with Hearing Loss. A Working Group of 37 leaders in pediatric hearing loss was convened from the fields of health care, research, education, family, and child advocacy. The mission of the Working Group was to identify gaps in service delivery and to recommend solutions for closing the gaps for this population of children in states and regions throughout the Na-

tion. They were seeking solutions that will provide prompt, comprehensive, coordinated, and cost effective programs and services for the children and their families. To accomplish this task, the Working Group was divided into three Subcommittees—Comprehensive Educational Services, Comprehensive Health Care Services, and Research Needs.

From October 2004 to April 2005, monthly teleconferences were held during which progress reports were given by each of the Subcommittees. The output of the Subcommittees was the presentation of 12 key Recommendations for closing the gaps in services for infants and young children with hearing loss, including: 5 in the area of Education, 4 for Health Care and 3 for Research. The 12 Recommendations were discussed with representatives of 19 Federal agencies that were invested in programs of services for children with disabilities. In addition to the Office of Special Education and Rehabilitation Services of the U.S. Department of Education, the list includes agencies within the U.S. Department of Health and Human Services, Social Security Administration, Department of Defense, and Department of Veterans Affairs.

On May 16 and 17, 2005, Dr. Giannini convened a joint meeting in Washington, DC, of the members of

joint meeting in Washington, DC, of the members of the Working Group and representatives of the 19 Federal agencies. The purpose of the joint meeting was to discuss its key Recommendations and consider action steps that may be taken to close the gaps in needed services by implementing each of the 12 Recommendations. Members of the Working Group and representatives of each of the 19 Federal agencies participated in the May meeting of the Office on Disability. Commitments and plans of action to implement each of Recommendations emanating from the Joint Meeting were recorded. For each of the Recommendations, a lead Federal agency and their Federal partners were identified.

During the months June 2005 to March 2006, meetings between the staff of the Office on Disability and the key administrators of each of the 19 Federal agencies were held to detail plans of action for implementation of each Recommendation. Some of the Recommendations required multiple meetings to resolve questions and problems related to the implementation plan.

On August 13 – 14, 2006, a Joint Meeting of the HHS Working Group and representatives of the 19 Federal agencies was held to finalize the action plans for each of 12 Recommendations for Education, Health Care and Research.

Attention New Coordinators (and experienced ones, too)! Early Bird Session at 2006 National Accountability Conference

Are you a new Part C Coordinator in the last year or so? A special session designed for New Part C Coordinators will be held Tuesday, September 19th at the National Accountability Conference in Denver, CO. The session will acquaint the new Coordinators with the resources and people of organizations that provide support to state Part C systems. Coordinators will receive information about the resources from ITCA, NECTAC (National Early Childhood Technical Assistance Center), OSEP (Office of Special Education Programs), Regional Resource Centers (RRCs) and National Center for Special Education Accountability (NCSEAM). There will be time for questions and conversation.

More experienced Part C Coordinators are encouraged to attend to meet and support the new Coordinators. ITCA is co-sponsoring the session with NECTAC and Regional Resource Centers. ITCA initiated the planning for this session at this conference because there will not be a National Early Childhood Conference this winter or next spring.

Please contact Julie.Curry@iowa.gov at (515) 281-5437 for more information (ITCA Mentorship Coordinator).

Infants and Young Children with Hearing Loss (continued)

The focus of this report is on the Education Recommendations that have direct implications for Part C Coordinators and the education departments in each state.

Report of Action Plans for Implementing the Educational Recommendations

The following report presents a summary of the status for implementing each of the five Educational Recommendations:

Lead Agency for the 5 Education Recommendations is the Office of Special Education and Rehabilitation Services (OSERS), U.S. Department of Education, under the direction of Assistant Secretary John Hager

#1 – Inform Part C Coordinators about the issues related to hearing loss in infants and young children in

order to raise their awareness and encourage action to close the gaps in services.

Plan of action: A letter to Part C Coordinators signed by Mr. John Hager, Assistant Secretary for OSERS and Dr. Margaret Giannini, Director of the Office on Disability at HHS, was sent (July 2006) to each Part C Coordinator. The Letter addressed issues raised in each of the Educational Recommendations with the purpose of encouraging the Part Coordinators to fully implement the Educational Recommendations 1, 2, 3, 4 and 5.

#2 – Encourage Part C Coordinators to promptly assign a service coordinator to each parent of an infant or young child with a hearing loss to (a) provide one on one counseling and guidance in developing the Individual Family Service Plan (IFSP), (b) link the

the Individual Family Service Plan (IFSP), (b) link the parent with a parent mentor, and (c) to assist the parent and child in obtaining essential services required under IFSP throughout the child's preschool years.

Plan of action: After a child is confirmed to have a permanent hearing loss, the service provider should notify the Part C Coordinator of IDEA who then promptly refers the parent and child to a service coordinator. The service coordinator assists the parent in developing the IFSP and in obtaining essential services to implement the IFSP. Some states have a system that does provide immediate referral to a service coordinator. In the states that currently do not, they are urged to institute such a program within the year.

#3 – The Individual Family Service Plan (IFSP) should

2006 ITCA Members

The following states and territories have submitted their dues for 2006 since March 1. The number of years they have been members is included in parens. Thank you for your support.

- American Samoa (6)
- Illinois (5)
- Kansas (6)
- Kentucky (3)
- Massachusetts (6)
- Minnesota (new)
- Pennsylvania (4)
- Puerto Rico (6)
- South Carolina (3)
- West Virginia (5)
- Wyoming (3)

2007 Membership Dues

Invoices for 2007 Membership dues will be sent by email to Part C Coordinators at the beginning of October. As discussed at the annual meeting, if you need any special arrangements for your invoice, please contact the office as soon as possible.

be implemented in the locality of the parent and the child with hearing loss.

Plan of action: Many states are still unable to provide essential early education services in the locality of the family, imposing a problem of accessibility to significant services. The IDEA requires that early intervention services are accessible to the child and family and should not impose unreasonable transportation and financial obligations. All states should move promptly within the year to

Reflections on the Challenges of Part C after the Hurricanes

On Friday August 26, 2005, I found myself in Meridian, Mississippi participating in a round table discussion between service coordinators, the state director, and technical advisors concerning changes in policies and procedures for First Steps following a United States Department of Education, Office of Special Education Programs (OSEP) visit earlier in the year. I was there to lend my viewpoint, having thirteen years of experience as a District Coordinator for the Mississippi Department of Health (MDH). The meeting went well and after promising to help the MDH First Steps staff in that adjoining health district, I made the one-and-one-half hour drive home. I thought about how busy the next week was going to be, paying some attention to the growing threat in the Gulf of Mexico named Hurricane Katrina.

I am sure that my situation as District Coordinator for MDH's Southeast Public Health District VIII, prior to the hurricane, reflects many others' in Part C supervision across the country.

I have too few resources (service providers, money to pay them) for the task we are supposed to accomplish. But through perseverance, excellent staff and the kindness of others we have managed to do our job pretty well. No one anticipated the changes that were about to come about as the hurricane passed through Mississippi on Monday, August 29.

After seeing the hurricane gain in force, my family decided to head to a relative's home 90 miles further north. This put us nearly 190 miles from the Gulf Coast. During the hurricane I managed to have a heart attack, and fortunately survived with one scar and two stents in a major artery. The destruction in our health district was equally significant. The hurricane's wind and the tornadoes it spawned used trees like super-sized weapons. MDH's Southeast Public Health District VIII is the Piney Woods region of Mississippi and there are now many fewer trees in our towns and forests as a result of Katrina. Trees were twisted and mangled, torn out of the earth or snapped like match sticks. Landing in or on houses, knocking out power lines or making roads impassable, trees caused much devastation.

For several days after the storm, people were reduced to spending their days waiting in long lines trying to purchase ice, food and gas, sharing personal accounts of life during and after the hurricane. No family, even families with special needs, had any other priority but to recoup what they could and deal with the blistering heat. The infrastructure took a huge hit. Work and school schedules were suspended, transportation was halted, electricity was out, and telephone lines and towers were down, making communication difficult or impossible.

On September 5, my service coordinators were called back to work. While I was at a friend's house enjoying air conditioning (considered a priority for my health condition), my staff 90 miles south was working in 90-degree heat at special needs shelters, county health departments, and WIC warehouses, helping where they were needed, doing what they could. After all, we are the Mississippi Department of Health, and public health is our first priority. Survival was the name of the game at this point. Early Intervention was no longer the primary concern for families.

By September 7, some communication had been restored, and the Part C Coordinator was able to make contact with my staff. She asked that they try to contact families and providers. Our evaluation coordinator, Susanne Napp, volunteered to step into my shoes and take over management of the program in my absence. She sent a letter to all 240 families in our nine-county area, notifying them that services would follow closely behind the road crews and power companies as they restored road access and utilities in our district. Providers who were still in the area began to return to their routines and they attempted to resume some normality.

It was mid-September before I made an effort to come to the office, and was scolded by the nurses and my bosses. I grudgingly

returned to the house for three additional weeks, only visiting the office when I knew paperwork needed to be done. As soon as I was able to start working half-days, I realized that major problems had developed. Our private contract rehab agency, which was located on the coast, had been devastated by the storm. Several of our providers had relocated, as well as many of our families. Because of the sudden reduced need for providers, the contract agency's income and payroll shrank. Not knowing the long-term effect on business, the agency closed. I was able to contract with many of the wonderful therapists who remained in the area and who were eager to continue serving "their" children.

As of today, I am happy to report that we are able to consistently complete most of our evaluations and develop an Individualized Family Service Plan (IFSP) within 45 days of referral. On April 1 we began implementing a plan that has been in the works for over a year. The Mississippi Department of Mental Health is our largest public provider of services. Following a pilot project that started on the coast, our two agencies have become more efficient and effective partners.

Mississippi Recovery Continues, page 6

As the first anniversary of Katrina is observed, we are providing this article written in the spring of 2006 by a local Part C Coordinator in Mississippi. States damaged by the hurricane still struggle to meet the challenges.

Mississippi recovery continues

We have eliminated all duplicate paperwork, and as a result we believe that evaluations and assessments will be completed more quickly and services will begin more quickly. Following an IFSP form revision and training in March, our IFSPs reflect more functional outcomes for children and families, and are implemented in a timely manner.

Our families will be served with the primary service provider as coach model when appropriate, based on the unique needs of the child and family, of course. We are now able to focus on providing compensatory services for families who are entitled to them because of the displacement of families and providers and the temporary reassignment of staff.

For many of us in south Mississippi, problems which had seemed manageable before the hurricane now fray our "post-Katrina" nerves. Research indicates that it could take five to ten years for population levels to return to normal and for the infrastructure to be rebuilt. However, with support and understanding we are resuming our personal and professional

lives, knowing that things will never be the same again in Mississippi.

Thank you to everyone for the outpouring of concern, support, gifts, prayers, helping hands, and "loaned" resources during very trying times. Please do not forget that we have not recovered...we have only begun the recovery process.

Hearing Loss continued..

implement the IFSP within the locality of the child and family. This should be accomplished under the leadership of the Office on Special Education and Rehabilitation Services, U.S. Department of Education, the Part C Coordinators, and the education departments of each state.

#4 - Increase the number of specialists who provide educational services to infants and young children with hearing loss through pre-service and in-service training programs and regularly update existing service providers about new developments for infants and young children with hearing loss.

Plan of action: In order to fully provide the required early intervention services, states should know how many service providers are needed, how many they have at present and how many additional service providers should be recruited and/or trained.

Each state should conduct a needs assessment of professional personnel and

their qualifications to provide essential services to all infants and young children with hearing loss. The needs assessment should reflect the perspectives of service providers as well as parents of children with hearing loss. The analysis should result in a plan of action that includes numbers of personnel to be trained through in-service and pre-service training programs and identification of sources of support for the plan. These plans will provide a roadmap to states about the necessary steps that they should take in order to meet the needs of each child with hearing loss. The plans should be shared with the Office of Special Education and Rehabilitation Services, U.S. Department of Education.

#5 – Assure a smooth transition of services from Part C to Part B of IDEA that will require coordination between Part C and Part B Coordinators and the availability of quality service programs.

Plan of action: If the IFSP requires that certain services funded by Part C should be continued under Part B, the state education department should have a mechanism in place that provides the services without disruptions and delays. Part C Coordinators should investigate this issue and assure the smooth transition to Part B. Their findings and plans should be discussed with the Office of Special Education and Rehabilitation Services, U.S. Department of Education.

It is anticipated that Part C Coordinators will increase their efforts to implement each of these recommendations so that this vulnerable population of young children will be provided with the very best early intervention services. In addition to the savings in future costs of special education, there are legal and human value factors that should compel each state to fully implement these recommendations.

The members of the Working Group and the Federal

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representatives urge Part C Coordinators and state education departments to move promptly and effectively to implement each of the Educational Recommendations that are outlined above.

There are too many infants and young children who are left behind in our programs of services guaranteed under Part C of IDEA. If we do not act promptly to close the gaps in services, thousands of infants and young children will have been deprived of essential services that will have adverse consequences in terms of their pre-school and school performance, social and emotional development, and the economics and quality of their lives. Parents of young children with hearing loss look to Part C Coordinators of IDEA and their state education departments to do

Continued on page 7



Hearing Loss Initiative from a State Part C Coordinator Perspective

Vanessa Winborne, Part C Coordinator in Michigan, participated in the August meeting. ITCA asked her to reflect on the discussions from her perspective.

On August 13 and 14 of this year the National Initiative on Effective Intervention Services for Infants and Young Children with Hearing Loss met with representatives from over 15 federal agencies. The purpose of the meeting was to address effective intervention and health care for up to 18,000 infants and toddlers under three years of age with hearing loss in this country.

Newborn hearing screening, now mandated in most states and voluntarily implemented in many others, has resulted in more infants and toddlers being identified earlier with permanent hearing loss.

As you know, research has shown that early interven-

tion and timely intervention dramatically increases the chance that children with hearing loss can develop communication and language skills commensurate with their hearing peers.

In the July 18 communication from Assistant Secretary John Hager of the Office of Special Education and Rehabilitative Services in the U.S. Department of Education and Dr. Margaret Giannini, Director of the Office on Disability in the U.S. Department of Health and Human Services, it was shared with Part C Coordinators the concern regarding the provision of early intervention or other services needed to enable young children with hearing loss to be prepared to enter preschool and school ready to succeed. Due to improved technology to identify and serve young children with hearing loss, experts in the field believe that practice has not kept abreast with the technology.

In the July 18 letter from Secretary Hager, a set of recommendations were shared with Part C Coordinators.

In the meeting Dr. Giannini led a discussion about the barriers to providing effective and adequate care for infants and toddlers with hearing loss and their families. The issue is a complex one and not the sole responsibility of any one entity. Part C plays an important role because of our responsibility to identify, coordinate, and connect families to resources that will help a child meet his or her developmental needs. It is clear from the meeting that nearly all of the federal agencies or offices feel there is a role they have in supporting young children with hearing loss.

In reviewing the recommendations, the majority are already Part C responsibilities. The one recommendation that is not

stated in law or regulation is the request for a parent mentor. What is important to understand about this initiative is that our "Coordinator" responsibilities must come into play. To improve the care and support for families who have children with a hearing loss, we must make sure we have the most current information available and have identified professionals who are experts in this field to assist and provide support to families. There are various programs around the country that are providing excellent care and support. This initiative will continue to identify and highlight these programs and share the qualities that have proven beneficial to infants and toddlers with hearing loss and their families.

Stay tuned.

Hearing....

the "right thing" and move without delay in meeting the education and health care needs of every child with a permanent hearing loss.

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Dates to Remember

September 18-19, 2006: **National Accountability Conference on Special Education and Early Intervention**

Denver, CO

<http://www.rrfcnetwork.org/content/view/288/373/>

October 19-22, 2006: **DEC 2006-The 22nd Annual International Conference on Young Children with Special Needs and Their Families: Advancing Knowledge, Expanding Opportunities**

Little Rock, Arkansas

http://www.dec-sped.org/conference_05/about_the_conference.html or (406) 543-0872

November 1, 2006: **Federal 618 Data tables 2, 3, 4 due**

November 8-11, 2006: **NAEYC Annual Conference** -- Atlanta, GA

December 1-3, 2006: **21st Zero to Three National Training Institute** - Albuquerque, NM

December 2006: Exact date(s) TBD: **ITCA Annual Membership Meeting (via conference call) – Watch your email for details!!**

February 1, 2007: **Part C Annual Performance Report (APR) due**

April 18-21, 2007: **Council for Exceptional Children (CEC) Annual Convention** – Louisville, KY

Coming Soon to You:

Elections for the Infant Toddler Coordinators Association Board of Directors are held annually. Part C coordinators from Member States are encouraged to consider a nomination to fill current vacancies. Participation on the Board of Directors provides a great professional growth opportunity to work on behalf of Part C at the national level. Board members provide leadership that influences policy decisions and funding opportunities for states.

A nomination form will be sent to you for your consideration. Section C, Article 4 of the Association By-Laws requires that nominees represent an appropriate geographical, state size and lead agency mix. Please consider joining the Board and working on behalf of your peers and making a difference for State and Territory Part C systems. If you have any questions, contact the office or Andy Gomm, Nominations Chair at

Andrew.gomm@state.nm.us



NECTAC/ITCA Finance Leadership Seminar

Under the hot August sun in Chapel Hill, North Carolina, six state teams came together to focus on the development of a finance action plan. Almost a year of planning went into the development of the seminar which was a joint effort of NECTAC and ITCA.

Finance issues have been consistently identified as a high priority topic by Part C Coordinators. In the fall of 2005, NECTAC convened a think tank meeting of representatives from the NECTAC staff, from ITCA leadership and from national finance consultants. The framework of the Seminar was conceptualized and over the winter of 2006, materials were developed to respond to the identified needs of states. The initial step of the process was a day long seminar that was held in May in conjunction with the Data Meeting in Washington.

An extensive application process was established and six states were successful in completing the application.

Teams from Alaska, Iowa, Kentucky, Michigan, Pennsylvania and Utah spent three intensive days working on finance issues that were specific to their states. Large group presentations were combined with team meeting time to optimize the development of individualized action plans. Presentations focused on data, resource development, strategic relationships, the Deficit Reduction Act, the Use of Private Insurance and Family Fees.

Each team went home with identified next steps and the pledge of support from NECTAC and ITCA. A follow-up technical assistance plan will be developed this fall.



The Utah team discusses the presentation.



The Pennsylvania team focuses on their action plan

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